Effective on 10/01/2008				Complete if Known			
The presuant to the Consolidated	Appropriations Act, 20		Application	n Number	10/579,226		
FEE TRANSMITTAL FOR FY 2009			Filing Dat	Filing Date May 12, 2		06	
			First Nam	ned Inventor	BELLEVILLE, Philippe		
FUR I	1 2003		Examine	Name	Berdichevs	ky, Miriam	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Art Unit		4132	
TOSENA ROUNT OF PAYMENT (\$)1,920.00				Attorney Docket No. 10404.042.00		00	
					-		
METHOD OF PAYMENT (check all	that apply)						
Check Credit Card Money Order None Other (please identify):							
Deposit Account	Deposit Account Nun	nber: <u>50-0911</u>	Depos	sit Account Nam	e: <u>McKenna l</u>	ong & Aldridge LLP	
For the above-identified	deposit account, the	Director is hereb	y authorized	to: (check all th	at apply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any addition under 37 CFR 1.16	and 1.17			dit any overpayn			
WARNING: Information on this form m information and authorization on PTO-2	ay become public. Credit 2038.	t card information sho	uld not be inclu	ded on this form. P	rovide credit card		
FEE CALCULATION							
1. BASIC FILING, SEARCH, ANI							
FIL	ING FEES Small Entity	SEARCH F	EES nall Entity	EXAMINATI	ON FEES Small Entity		
Application Type Fee (ee (\$) 270	Fee (\$) 220	Fee (\$) 110	Fees Paid (\$)	
Utility 330 Design 220	110	100	50	140	70		
Plant 220	115	330	165	170	85		
Reissue 330 Provisional 220	165 110	540 0	270 0	650 0	325 0		
2. EXCESS CLAIM FEES	110	U	U	J	U	Small Entity	
Fee Description						Fee (\$) Fee (\$)	
Each claim over 20 (including Each independent claim over Multiple dependent claims	g Reissues) 3 (including Reissu	es)				52 26 220 110 390 195	
						ependent Claims	
20 or HP =0x\$52_ =0						Fee Paid (\$)	
HP = highest number of total claim	· · · ·				\$390,00	<u>\$390.00</u>	
Indep. Claims	<u>aims </u>	Fee Paid	d (\$)				
HP = highest number of independ							
3. APPLICATION SIZE FEE							
If the specification and drawing additional 50 sheets or fraction Total Sheets Extra Shee	thereof. See 35 U.S		nd 37 CFR 1	.16(s).	(\$135 for sma Fee(\$		
100 =0	/ 50 =0	(round up to	o a whole num	ber) x		=0	
4. OTHER FEE(S) Fees Paid (
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Request for Continued Examination (RCE) Petition for Extension of Time						\$810.00	
	Petition for Exte	nsion of Time		<u>-</u>		1,110.00	
		· · · · · · · · · · · · · · · · · · ·					
SUBMITTED BY			7				
11/1/	1-1111	7/15/	R	egistration No.	Tele	phone	
Signature	alk/	/ `		Attorney/Agent) 33	3,829 (202	2) 496-7500	
Name (Print/Type) Matthew 7. Ba	iley				Date	September 4, 2009	